

		FOR OHF USE					

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**2003**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC AID**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2003)**

IMPORTANT NOTICE  
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION  
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY  
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE  
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE  
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL  
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM  
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<b>I. IDPH Facility ID Number:</b> <u>0037366</u>		<b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>													
<b>Facility Name:</b> <u>Meadowbrook Manor</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/03</u> to <u>12/31/03</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.													
<b>Address:</b> <u>431 W. Remington Blvd.</u> <u>Bolingbrook</u> <u>60440</u> Number City Zip Code		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.													
<b>County:</b> <u>Will</u>															
<b>Telephone Number:</b> <u>(630) 759-1112</u> <b>Fax #</b> <u>(630) 759-4406</u>															
<b>IDPA ID Number:</b> <u>363596557001</u>															
<b>Date of Initial License for Current Owners:</b> <u>11/05/91</u>															
<b>Type of Ownership:</b>															
<input type="checkbox"/> <b>VOLUNTARY, NON-PROFIT</b>															
<input type="checkbox"/> Charitable Corp.															
<input type="checkbox"/> Trust															
<b>IRS Exemption Code</b> _____															
<input type="checkbox"/> <b>PROPRIETARY</b>															
<input type="checkbox"/> Individual															
<input type="checkbox"/> Partnership															
<input type="checkbox"/> Corporation															
<input checked="" type="checkbox"/> "Sub-S" Corp.															
<input type="checkbox"/> Limited Liability Co.															
<input type="checkbox"/> Trust															
<input type="checkbox"/> Other _____															
<b>GOVERNMENTAL</b>															
<input type="checkbox"/> State															
<input type="checkbox"/> County															
<input type="checkbox"/> Other _____															
<b>In the event there are further questions about this report, please contact:</b> <b>Name:</b> <u>Larry Templin</u> <b>Telephone Number:</b> <u>630-759-1112</u> <b>Please send copies of desk review and audit adjustments to address on this page</b>		<table border="1"> <tr> <td rowspan="2"> <b>Officer or Administrator of Provider</b> </td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Robert Jafari</u></td> </tr> <tr> <td rowspan="4"> <b>Paid Preparer</b> </td> <td>(Title) <u>Chief Executive Officer</u></td> </tr> <tr> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name &amp; Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u></td> </tr> <tr> <td colspan="2">           (Telephone) <u>312-634-3400</u> Fax # <u>312-634-5518</u> </td> </tr> <tr> <td colspan="2"> <b>MAIL TO: OFFICE OF HEALTH FINANCE</b>  <b>ILLINOIS DEPARTMENT OF PUBLIC AID</b>  <b>201 S. Grand Avenue East</b>  <b>Springfield, IL 62763-0001</b> Phone # (217) 782-1630         </td> </tr> </table>		<b>Officer or Administrator of Provider</b>	(Signed) _____ (Date) _____	(Type or Print Name) <u>Robert Jafari</u>	<b>Paid Preparer</b>	(Title) <u>Chief Executive Officer</u>	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>	(Telephone) <u>312-634-3400</u> Fax # <u>312-634-5518</u>		<b>MAIL TO: OFFICE OF HEALTH FINANCE</b> <b>ILLINOIS DEPARTMENT OF PUBLIC AID</b> <b>201 S. Grand Avenue East</b> <b>Springfield, IL 62763-0001</b> Phone # (217) 782-1630	
<b>Officer or Administrator of Provider</b>	(Signed) _____ (Date) _____														
	(Type or Print Name) <u>Robert Jafari</u>														
<b>Paid Preparer</b>	(Title) <u>Chief Executive Officer</u>														
	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u> (Date) _____														
	(Print Name and Title) _____														
	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One South Wacker Drive, Suite 800, Chicago, IL 60606</u>														
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SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 2

Facility Name & ID Number Meadowbrook Manor# 0037366 Report Period Beginning: 01/01/03 Ending: 12/31/03

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>298</u>	Skilled (SNF)	<u>298</u>	<u>108,770</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>298</u>	TOTALS	<u>298</u>	<u>108,770</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>63,287</u>	<u>13,470</u>	<u>8,628</u>	<u>85,385</u>	8
9	SNF/PED					9
10	ICF	<u>432</u>			<u>432</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>63,719</u>	<u>13,470</u>	<u>8,628</u>	<u>85,817</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 78.90%

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)Day Care

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been  
eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 11/05/91

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 11/05/91NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 55 and days of care provided 7,630Medicare Intermediary Adminastar Federal, Inc.

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED  
CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 3

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

## V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	360,277	57,717	13,725	431,719		431,719		431,719			1
2	Food Purchase		382,458		382,458		382,458	(4,036)	378,422			2
3	Housekeeping	252,498	55,056		307,554		307,554		307,554			3
4	Laundry	64,495	34,199		98,694		98,694		98,694			4
5	Heat and Other Utilities			262,025	262,025		262,025	(2,015)	260,010			5
6	Maintenance	107,373	12,167	145,352	264,892		264,892	10,791	275,683			6
7	Other (specify):*											7
8	<b>TOTAL General Services</b>	784,643	541,597	421,102	1,747,342		1,747,342	4,740	1,752,082			8
	<b>B. Health Care and Programs</b>											
9	Medical Director			12,040	12,040		12,040		12,040			9
10	Nursing and Medical Records	3,746,722	498,105	43,444	4,288,271		4,288,271		4,288,271			10
10a	Therapy		375	525,766	526,141		526,141		526,141			10a
11	Activities	100,609	10,840	3,024	114,473		114,473		114,473			11
12	Social Services	88,154		1,573	89,727		89,727		89,727			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	3,935,485	509,320	585,847	5,030,652		5,030,652		5,030,652			16
	<b>C. General Administration</b>											
17	Administrative	256,928		66,596	323,524		323,524	(66,596)	256,928			17
18	Directors Fees											18
19	Professional Services			137,569	137,569		137,569	5,982	143,551			19
20	Dues, Fees, Subscriptions & Promotions			54,907	54,907		54,907	(9,097)	45,810			20
21	Clerical & General Office Expenses	372,301	58,710	57,309	488,320		488,320	1,214	489,534			21
22	Employee Benefits & Payroll Taxes			768,431	768,431		768,431	58,475	826,906			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,319	2,319		2,319	2,416	4,735			24
25	Other Admin. Staff Transportation			3,425	3,425		3,425	930	4,355			25
26	Insurance-Prop.Liab.Malpractice			314,192	314,192		314,192	24,933	339,125			26
27	Other (specify):*											27
28	<b>TOTAL General Administration</b>	629,229	58,710	1,404,748	2,092,687		2,092,687	18,257	2,110,944			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,349,357	1,109,627	2,411,697	8,870,681		8,870,681	22,997	8,893,678			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

\*\* See schedule of adjustment attached at end of cost report.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			124,319	124,319		124,319	320,670	444,989			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			103,531	103,531		103,531	965,796	1,069,327			32
33	Real Estate Taxes							251,476	251,476			33
34	Rent-Facility & Grounds			3,410,620	3,410,620		3,410,620	(3,410,361)	259			34
35	Rent-Equipment & Vehicles			5,635	5,635		5,635		5,635			35
36	Other (specify):* Mortgage Insurance							126,108	126,108			36
37	<b>TOTAL Ownership</b>			3,644,105	3,644,105		3,644,105	(1,746,311)	1,897,794			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			622	622		622		622			38
39	Ancillary Service Centers		335,364		335,364		335,364		335,364			39
40	Barber and Beauty Shops			26,322	26,322		26,322		26,322			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			163,155	163,155		163,155		163,155			42
43	Other (specify):* Nonallowable Costs	52,939		245,016	297,955		297,955	(297,955)				43
44	<b>TOTAL Special Cost Centers</b>	52,939	335,364	435,115	823,418		823,418	(297,955)	525,463			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,402,296	1,444,991	6,490,917	13,338,204		13,338,204	(2,021,269)	11,316,935			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

\*\*See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-	OHF USE	
			ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(3,245)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(15,674)	30		9
10	Interest and Other Investment Income	(481)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(630)	43		13
14	Non-Care Related Interest	(63,835)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,387)	20		17
18	Fines and Penalties	(14,907)	43		18
19	Entertainment	(618)	43		19
20	Contributions	(500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(25,710)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(185,957)	43		24
25	Fund Raising, Advertising and Promotional	(39,729)	43		25
26	Income Taxes and Illinois Personal				26
27	Property Replacement Tax	(5,332)	43		27
28	Nurse Aide Training for Non-Employees				28
29	Yellow Page Advertising	(5,050)	20		29
30	Other-Attach Schedule See Attached Sch 5A	(3,926,375)			30
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,292,430)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	2,271,161		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 2,271,161		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B) )	\$ (2,021,269)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Meadowbrook Manor

ID# 0037366

Report Period Beginning: 01/01/03

Ending: 12/31/03

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

See Accountants' Compilation Report

**Butterfield Health Care, Inc.**  
**D/B/A Meadowbrook Manor**  
**Provider #00037366**  
**12/31/2003**

**Schedule 5A**

**VI. Adjustment Detail**  
**Non-Allowable Expenses**  
**Line 29 - Other**

Description	Amount	Schedule V Reference
Loss on Refinancing of Loan	(3,881,556)	43
Physician Fees	(1,025)	43
Painting and Decorating	10,791	6
Real Estate Tax	1,900	33
Miscellaneous Income Offset	(850)	21
Radiology	(6,695)	43
Laboratory	(4,776)	43
Disallow Non-allowable Day Care Salaries	(38,349)	43
Disallow Non-allowable Day Care Employee Benefits and Payroll Taxes	(3,009)	22
Disallow Non-allowable Day Care Food	(791)	2
Disallow Non-allowable Day Care Utilities	(2,015)	5
	<u>(3,926,375)</u>	

**See Accountants' Compilation Report**

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(3,245)	0	0	0	0	0	0	0	0	0	0	(3,245)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(3,245)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,245)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	(66,596)	0	0	0	0	0	0	0	(66,596)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(25,710)	0	27,851	3,841	0	0	0	0	0	0	0	5,982	19
20	Fees, Subscriptions & Promotions	(9,437)	0	220	120	0	0	0	0	0	0	0	(9,097)	20
21	Clerical & General Office Expenses	0	0	664	1,400	0	0	0	0	0	0	0	2,064	21
22	Employee Benefits & Payroll Taxes	0	0	0	61,484	0	0	0	0	0	0	0	61,484	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	2,416	0	0	0	0	0	0	0	2,416	24
25	Other Admin. Staff Transportation	0	0	0	930	0	0	0	0	0	0	0	930	25
26	Insurance-Prop.Liab.Malpractice	0	0	24,933	0	0	0	0	0	0	0	0	24,933	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(35,147)</b>	<b>0</b>	<b>53,668</b>	<b>3,595</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,116</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(38,392)</b>	<b>0</b>	<b>53,668</b>	<b>3,595</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18,871</b>	<b>29</b>



## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(15,674)	0	335,575	769	0	0	0	0	0	0	0	320,670	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(64,316)	0	1,030,112	0	0	0	0	0	0	0	0	965,796	32
33	Real Estate Taxes	0	0	249,576	0	0	0	0	0	0	0	0	249,576	33
34	Rent-Facility & Grounds	0	0	(3,410,620)	259	0	0	0	0	0	0	0	(3,410,361)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	126,108	0	0	0	0	0	0	0	0	126,108	36
37	<b>TOTAL Ownership</b>	<b>(79,990)</b>	<b>0</b>	<b>(1,669,249)</b>	<b>1,028</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,748,211)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(247,673)	0	3,882,056	63	0	0	0	0	0	0	0	3,634,446	43
44	<b>TOTAL Special Cost Centers</b>	<b>(247,673)</b>	<b>0</b>	<b>3,882,056</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,634,446</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(366,055)</b>	<b>0</b>	<b>2,266,475</b>	<b>4,686</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,905,106</b>	<b>45</b>

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/03 Ending: 12/31/03

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		Butterfield Health Care II, Inc. d/b/a	Naperville	J&D Partners, L.P.	Bolingbrook	Lessor
		Meadowbrook Manor-Naperville		MMN Partners, L.P.	Naperville	Lessor
				Butterfield Health		
See Schedule 6C	See Schedule 6C	Seneca Nursing Home, Inc. d/b/a Lee Manor	Des Plaines	Care Group, Inc.	Bolingbrook	Management Co.
				Seneca Building		
				Limited Partnership	Des Plaines	Lessor

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item		Name of Related Organization				
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V		3,415,833	J&D Partners, L.P. (Page 6A)	100.00%	5,682,308	2,266,475	5
6	V							6
7	V		66,596	Butterfield Health Care Group, Inc. (Page 6B)	100.00%	71,282	4,686	7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 3,482,429			\$ 5,753,590	\$ * 2,271,161	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	19 Professional Services	\$	J&D Partners, L.P.	100.00%	\$ 27,851	\$ 27,851
16	V	20 Fees & Subscriptions		J&D Partners, L.P.	100.00%	220	220
17	V	21 Clerical & General Office Exp.		J&D Partners, L.P.	100.00%	664	664
18	V	26 Insurance-Prop, Liab, Malpractice		J&D Partners, L.P.	100.00%	24,933	24,933
19	V	30 Depreciation		J&D Partners, L.P.	100.00%	335,575	335,575
20	V	32 Interest Expense	5,213	J&D Partners, L.P.	100.00%	1,035,325	1,030,112
21	V	33 Real Estate Taxes		J&D Partners, L.P.	100.00%	249,576	249,576
22	V	34 Rent	3,410,620	J&D Partners, L.P.	100.00%		(3,410,620)
23	V	36 Mortgage Insurance		J&D Partners, L.P.	100.00%	126,108	126,108
24	V	43 State Repl. Taxes/Loss on Refin.		J&D Partners, L.P.	100.00%	3,882,056	3,882,056
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 3,415,833			\$ 5,682,308	\$ * 2,266,475

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/03

Ending: 12/31/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 66,596	Butterfield Health Care Group, Inc.	100.00%	\$	\$ (66,596)
16	V	19 Professional Services		Butterfield Health Care Group, Inc.	100.00%	3,841	3,841
17	V	20 Fees & Subscriptions		Butterfield Health Care Group, Inc.	100.00%	120	120
18	V	21 Clerical & General Office Exp.		Butterfield Health Care Group, Inc.	100.00%	1,400	1,400
19	V	22 Empl. Benefits & Payroll Taxes		Butterfield Health Care Group, Inc.	100.00%	61,484	61,484
20	V	24 Travel & Seminar		Butterfield Health Care Group, Inc.	100.00%	2,416	2,416
21	V	25 Other Admin. Staff Transportation		Butterfield Health Care Group, Inc.	100.00%	930	930
22	V	30 Depreciation		Butterfield Health Care Group, Inc.	100.00%	769	769
23	V	34 Rent Facility and Grounds		Butterfield Health Care Group, Inc.	100.00%	259	259
24	V	43 Other (Non-Allowable Expenses)		Butterfield Health Care Group, Inc.	100.00%	63	63
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 66,596			\$ 71,282	\$ * 4,686

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

**Butterfield Health Care, Inc.**  
**D/B/A Meadowbrook Manor**  
**Provider #00037366**  
**12/31/2003**

**Schedule 6C**

**VII. Section A. - Related Parties - Column 1 (Owners)**

Name	Ownership %
Robert Jafari	25.00%
Kianoosh Jafari	25.00%
Decendants S Corp Trust F/B/O Sean William Dimas	6.67%
Decendants S Corp Trust F/B/O Sasha Eva Dimas	6.67%
Decendants S Corp Trust F/B/O Ashley Maria Dimas	6.66%
Nicholas Vangel	20.00%
Eva Dimas Estate	10.00%
	<u>100.00%</u>

**See Accountants' Compilation Report**

Facility Name & ID Number Meadowbrook Manor # 0037366 Report Period Beginning: 01/01/03 Ending: 12/31/03

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Robert Jafari	Stockholder	Executive Director	25.00	59,872	22	55.00	Salary	\$ 71,278	L.17, C.1	1
2	Nicholas Vangel	Stockholder	Executive Director	20.00	41,225	22	55.00	Salary	1,518	L.17, C.1	2
3	Christopher Vangel	Operating Spvr	Administrative	0.00	26,254	22	55.00	Salary	31,256	L.17, C.1	3
4	Kianoosh Jafari	Stockholder	Medical Director	25.00	11,000	22	55.00	Med. Dir. Fee	12,040	L.9, C.3	4
5	Sean Dimas	Stockholder	Administrative	6.67	35,235	0	0.00	N/A	0	N/A	5
6											6
7	Note 1- Robert Jafari and Christopher Vangel received compensation from only one other nursing home which was										7
8	Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville										8
9	Note 2- Nicholas Vangel received \$39,950 of Directors Fees from Seneca Nursing Home, Inc. d/b/a Lee Manor and										9
10	\$1,275 of salaries from Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville										10
11	Note 3- Kianoosh Jafari received \$11,000 of Medical Director Fees from Butterfield Health Care II, Inc. d/b/a Meadowbrook Manor-Naperville										11
12	Note 4- Sean Dimas received \$35,235 of salaries from Seneca Nursing Home, Inc. d/b/a Lee Manor										12
13								TOTAL	\$ 116,092		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending: 12/31/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Butterfield Health Care Group, Inc.

Street Address 4 N 645 School Rd.

City / State / Zip Code St. Charles, IL 60175

Phone Number ( 630) 443-8238

Fax Number ( 630) 443-9379

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
19	Professional Services	Resident Days	157,901	2	\$ 7,069	\$ 0	85,817	\$ 3,841	1
20	Fees & Subscriptions	Resident Days	157,901	2	220	0	85,817	120	2
21	Clerical & General Office Exp.	Resident Days	157,901	2	2,576	0	85,817	1,400	3
22	Empl. Benefits & Payroll Taxes	Resident Days	157,901	2	113,130	0	85,817	61,484	4
24	Travel & Seminar	Resident Days	157,901	2	4,445	0	85,817	2,416	5
25	Other Admin. Staff Trans.	Resident Days	157,901	2	1,712	0	85,817	930	6
30	Depreciation	Resident Days	157,901	2	1,415	0	85,817	769	7
34	Rent Facility and Grounds	Resident Days	157,901	2	477	0	85,817	259	8
43	Other (Non-Allowable Expenses)	Resident Days	157,901	2	116	0	85,817	63	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 131,160	\$		\$ 71,282	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Bank One		X	Mortgage	\$115,000.00	08/31/98	\$ 13,806,841	\$	02/28/08	0.0750	\$ 315,389	1	
2	Bank One		X	2nd Mortgage	Interest Only	01/01/02	6,300,000		11/30/03	0.0303	46,678	2	
3	Bank One		X	Amortization of Loan Costs	N/A						2,119	3	
4	Cambridge Realty Cap of IL		X	Mortgage		05/22/03	20,876,000	20,770,586	06/01/38	0.0525	668,163	4	
5	Cambridge Realty Cap of IL		X	Amortization of Loan Costs							2,976	5	
	Working Capital												
6	Bank One		X	Working Capital	N/A	05/06/98	1,250,625		02/28/08	0.0750	33,578	6	
7	Shareholder Loans	X		Working Capital	N/A	05/31/03	2,430,000	2,430,000	Demand	Prime	69,529	7	
8	See Attached Schedule 9A						2,523,641	2,500,000			424	8	
9	TOTAL Facility Related				\$115,000.00		\$ 47,187,107	\$ 25,700,586			\$ 1,138,856	9	
	B. Non-Facility Related*												
10													10
11							Offset Interest Income				(5,694)	11	
12							Offset Related Party Interest Expense				(63,835)	12	
13													13
14	TOTAL Non-Facility Related						\$	\$			\$ (69,529)	14	
15	TOTALS (line 9+line14)						\$ 47,187,107	\$ 25,700,586			\$ 1,069,327	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 126,108 Line # 36\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)



IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE											
A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)											
	1	2		3	4	5	6	7	8	9	10
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO				Original	Balance			
	A. Directly Facility Related										
	Long-Term										
1							\$				1
2											2
3											3
4											4
5											5
	Working Capital										
6											6
7	Bank One		X	Working Capital	N/A	12/30/03	2,500,000	2,500,000	01/15/04	Prime	370
8	GMAC		X	Equipment Financing	\$720.00	06/04/00	23,641		06/04/03	0.0850	54
9	TOTAL Facility Related				\$720.00		\$ 2,523,641	\$ 2,500,000			\$ 424
	B. Non-Facility Related*										
10											10
11											11
12											12
13											13
14	TOTAL Non-Facility Related						\$				\$
15	TOTALS (line 9+line14)						\$ 2,523,641	\$ 2,500,000			\$ 424

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.     \$ \_\_\_\_\_     Line # \_\_\_\_\_

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
 (See instructions.)     SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
 (See instructions.)

Facility Name & ID Number **Meadowbrook Manor**# **0037366** Report Period Beginning: **01/01/03** Ending: **12/31/03****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

1. Real Estate Tax accrual used on 2002 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	<b>265,000</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		2002	\$	<b>243,276</b>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<b>(21,724)</b>	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>273,000</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.			\$	*	
<b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	<b>200</b>	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<b>251,476</b>	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	1998	<b>214,416</b>	8
	1999	<b>241,423</b>	9
*-The Mortgage Broker deducted \$200 in excess of the tax bill in error	2000	<b>242,819</b>	10
	2001	<b>255,167</b>	11
	2002	<b>243,276</b>	12

<b>2002 Tax Bill</b>	<b>243,276</b>		
<b>Estimated Increase</b>	<b>1.12</b>		
<b>Total</b>	<b>272,469</b>		
<b>Use</b>	<b>273,000</b>		

<b>FOR OHF USE ONLY</b>	
13	FROM R. E. TAX STATEMENT FOR 2002 \$ 13
14	PLUS APPEAL COST FROM LINE 5 \$ 14
15	LESS REFUND FROM LINE 6 \$ 15
16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

## 2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY IDPH LICENSE NUMBER 0037366

TELEPHONE (630) 759-1112 FAX #: (630) 759-4406

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

### B. Real Estate Tax Cost Allocations

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Page 10A

A. Square Feet: 109,175
 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity?
 ☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?
 ☒ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable)  
 None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
 ☐ YES
 ☒ NO

If so, please complete the following:

1. Total Amount Incurred: N/A
 2. Number of Years Over Which it is Being Amortized: N/A

3. Current Period Amortization: N/A
 4. Dates Incurred: N/A

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

## XI. OWNERSHIP COSTS:

## A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	270,508	1991	\$ 404,280	1
2	Resident Care		1996	287,781	2
3	TOTALS	270,508		\$ 692,061	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar**

1	2	3	4	5	6	7	8	9	
Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	235	1991	1991	\$ 8,276,993	\$	40	\$ 206,925	\$ 206,925	\$ 2,517,588
5	10	1994	1994	31,090	987	40	777	(210)	7,770
6	53	1996	1996	2,505,079		40	62,627	62,627	469,703
7									
8									
<b>Improvement Type**</b>									
9	1992 Improvements	1992		32,614	1,035	20	1,631	596	18,630
10	1993 Improvements	1993		2,750	88	20	138	50	1,449
11	1993 Improvements	1993		4,822	156	40	121	(35)	1,270
12	1994 Improvements	1994		6,432		10	643	643	6,109
13	1994 Improvements	1995		18,192		20	910	910	7,735
14	1995 Improvements	1995		12,681	403	10	1,268	865	10,778
15	Electric Exterior Sign	1996		7,820	200	10	782	582	5,865
16	New Doors	1996		1,475	38	10	147	109	1,102
17	Hot Water Tank	1996		3,847	99	10	385	286	2,887
18	Landscaping	1996		13,490	346	10	1,349	1,003	10,118
19	Repaving Parking Lot	1996		7,412	190	10	741	551	5,558
20	Replace Irrigation System	1996		27,077	694	10	2,708	2,014	20,310
21	Walk in Freezer	1996		29,923		10	2,992	2,992	22,440
22	Landscaping	1997		17,283	864	10	1,728	864	11,232
23	Outside Parking Lot Lighting	1997		2,102	54	10	210	156	1,365
24	Nurse Call Station Extension Work	1997		3,310	85	10	331	246	2,152
25	Remodeling Work-Windsor Hall	1997		3,500	89	40	350	261	2,275
26	Basement Remodeling-Street Village Décor	1998		31,614	1,622	39	790	(832)	4,345
27	Remodeling Work-Day Care Area	1999		16,638	426	39		(426)	
28	Remodeling-Ice Cream Parlor	2000		3,624	93	39	93		325
29	Remodeling Work-3rd Floor Hamilton Unit	2000		16,421	421	39	421		1,474
30	Remodeling Work-Nurse Station (All Floors)	2000		20,103	515	39	515		1,803
31	Plumbing Electrical Work-Boiler Room (Basement)	2000		4,587	118	39	118		413
32	Remodeling Work-Dialysis Room	2000		7,253	186	39	186		651
33									
34									
35									
36									

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete

**See Page 12A, Line 70 for total**

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 12A

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Parking Lot Paving	2001	\$ 48,629	\$ 2,431	20	\$ 2,431	\$	\$ 6,078		37
38	Remodeling Work	2001	13,319	342	39	342		854		38
39	Window Treatments	2001	45,531	1,166	39	1,166		2,916		39
40	Double Door Insulation	2001	6,860	176	39	176		440		40
41	Carpeting-1st Floor	2002	33,778	1,689	20	1,689		2,532		41
42	Reconstruct Front Entrance Awning	2002	11,915	596	20	596		894		42
43	Window Treatments	2002	4,672	234	20	234		351		43
44	Ceiling Tiles	2002	2,306	115	20	115		173		44
45	Exterior Signs	2002	18,832	942	20	942		1,413		45
46	Ceiling Tiles	2003	2,945	74	20	74		74		46
47	Exterior Signs	2003	12,600	315	20	315		315		47
48	Install 16 Horizontal Tubes in Stairwell	2003	1,600	40	20	40		40		48
49	Electric Work for Dialysis Room	2003	6,736	168	20	168		168		49
50	Install 9 Motors on Fire Dampers	2003	3,651	91	20	91		91		50
51	Plumbing for Dialysis Room	2003	10,989	275	20	275		275		51
52	Exterior Concrete Patchwork	2003	3,200	80	20	80		80		52
53	Ductwork for New Oxygen Room	2003	4,490	112	20	112		112		53
54	New Hot Water Storage Tank	2003	8,290	207	20	207		207		54
55	Installed 5 Fire Dampers	2003	7,091	177	20	177		177		55
56	Installed 5 Smoke Detectors	2003	2,581	65	20	65		65		56
57	Installation of Sprinklers in Awning	2003	9,624	241	20	241		241		57
58	Installed 4 Fire Dampers	2003	3,467	87	20	87		87		58
59	Installation of Fence around Dumpster	2003	1,658	41	20	41		41		59
60	Sealcoat Parking Lot	2003	5,500	138	20	138		138		60
61										61
62										62
63										63
64										64
65										65
66										66
67										67
68										68
69										69
70	TOTAL (lines 4 thru 69)		\$ 11,378,396	\$ 18,511		\$ 298,688	\$ 280,177	\$ 3,153,109		70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning:

01/01/03

Ending:

12/31/03

## XI. OWNERSHIP COSTS (continued)

## C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,578,917	\$ 95,264	\$ 141,492	\$ 46,228	5-10Yrs	\$ 1,170,596	71
72	Current Year Purchases	31,366	2,240	1,568	(672)	10 Yrs	1,568	72
73	Fully Depreciated Assets	699,118				5-10 Yrs	699,118	73
74	Allocated from Management Co.			769	769	5-10 Yrs		74
75	TOTALS	\$ 2,309,401	\$ 97,504	\$ 143,829	\$ 46,325		\$ 1,871,282	75

## D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Van	1998 Ford E350 Van	1998	\$ 40,790	\$ 2,686	\$ 2,472	\$ (2,686)	5	\$ 40,790	76
77	Resident Passenger Van	2000 Chevrolet Express	2000	29,261	5,618	2,472	(3,146)	5	26,452	77
78		Van								78
79										79
80	TOTALS			\$ 70,051	\$ 8,304	\$ 2,472	\$ (5,832)		\$ 67,242	80

## E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,449,909	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 124,319	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 444,989	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 320,670	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,091,633	85

## F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88	N/A				88
89					89
90					90
91	TOTALS	\$	\$	\$	91

## G. Construction-in-Progress

	Description	Cost	
92		\$	92
93		N/A	93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

**SEE ACCOUNTANTS' COMPILATION REPORT**



A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
--	--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
(c) For in-house training programs only. Do not include fringe benefits.  
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ \_\_\_\_\_

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.  
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	L. 10A, C. 3	hrs	\$	4,445	\$ 288,895	\$	4,445	\$ 288,895	1
2	Licensed Speech and Language Development Therapist	L. 10A, C. 3	hrs		363	29,071		363	29,071	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L. 10A, C. 2&3	hrs		3,303	198,170	375	3,303	198,545	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L. 39, C. 2	# of prescripts				335,364		335,364	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$	8,111	\$ 516,136	\$ 335,739	8,111	\$ 851,875	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

**Meadowbrook Manor**  
**Provider #: 0037366**  
**01/01/03 to 12/31/03**

Schedule 16A

XIV. Special Services  
Line 13 Other (specify):

Service	Line Reference	Outside Practioner		Supplies
		Units	Cost	
	L39, C3			
	L39, C3			
	L39, C3			
	L39, C3			
Total			<u>0</u>	<u>0</u>

**See Accountants' Compilation Report**

## STATE OF ILLINOIS

Page 17

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/03

Ending:

12/31/03

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/03

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 85,124	\$ 3,858,326	1
2	Cash-Patient Deposits	50,697	50,697	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 70,000 )	2,985,083	2,985,083	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	254,889	393,879	6
7	Other Prepaid Expenses	11,585	11,585	7
8	Accounts Receivable (owners or related parties)	778,567	778,567	8
9	Other(specify): <u>Employee Advances</u>	6,780	6,780	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,172,725	\$ 8,084,917	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		692,061	13
14	Buildings, at Historical Cost		10,830,187	14
15	Leasehold Improvements, at Historical Cost	541,775	548,209	15
16	Equipment, at Historical Cost	1,263,127	2,379,452	16
17	Accumulated Depreciation (book methods)	(1,157,584)	(5,091,633)	17
18	Deferred Charges		10,083	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify) <u>Loan Costs</u>		167,501	22
23	Other(specify): <u>Mortgage Escrows</u>		697,682	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 647,318	\$ 10,233,542	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 4,820,043	\$ 18,318,459	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 892,736	\$ 893,073	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	48,697	48,697	28
29	Short-Term Notes Payable	4,930,000	4,930,000	29
30	Accrued Salaries Payable	312,422	312,422	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,800	21,800	31
32	Accrued Real Estate Taxes(Sch.IX-B)		273,000	32
33	Accrued Interest Payable	370	91,241	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached Schedule 17A</u>	49,220	321,145	36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 6,255,245	\$ 6,891,378	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		20,770,586	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 20,770,586	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 6,255,245	\$ 27,661,964	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (1,435,202)	\$ (9,343,505)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 4,820,043	\$ 18,318,459	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

Butterfield Health Care, Inc.  
d/b/a Meadowbrook Manor  
Provider #00037366  
12/31/2003

**Schedule 17A**

**XV. Balance Sheet**

**Current Liabilities**

**Line 36 - Other Current Liabilities**

	Operating	After Consolidation
Resident Credit Balances	204,571	204,571
Accrued Rent	(271,925)	
Due to State of Illinois	116,574	116,574
<b>Total Line 36 Other Current Liabilities</b>	<b>49,220</b>	<b>321,145</b>

**See Accountants' Compilation Report**

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (976,326)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (976,326)	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	(458,876)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (458,876)	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,435,202)	24 *

Operating Entity Only

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 19

Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/03

Ending:

12/31/03

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1			
	Revenue	Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 12,164,571	1
2	Discounts and Allowances for all Levels	(1,316,645)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,847,926	3
<b>B. Ancillary Revenue</b>			
4	Day Care	26,094	4
5	Other Care for Outpatients		5
6	Therapy	1,307,208	6
7	Oxygen	46,257	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,379,559	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	32,890	13
14	Non-Patient Meals	3,245	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	335,364	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	4,777	19
20	Radiology and X-Ray	6,695	20
21	Other Medical Services	257,365	21
22	Laundry	6,975	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 647,311	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	481	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 481	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Wheelchair Revenue</u>	3,201	28
28a	<u>Miscellaneous Income</u>	850	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,051	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,879,328	30

2			
	Expenses	Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,747,342	31
32	Health Care	5,030,652	32
33	General Administration	2,092,687	33
<b>B. Capital Expense</b>			
34	Ownership	3,644,105	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	660,263	35
36	Provider Participation Fee	163,155	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,338,204	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(458,876)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (458,876)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.  
See Schedule 19A

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

**Butterfield Health Care, Inc.**  
**D/B/A Meadowbrook Manor**  
**Provider #00037366**  
**12/31/2003**

**Schedule 19A**

**Reconciliation of taxable income(loss) per Federal Tax Return to Page 19, Line 43**

<b>Description</b>	<b><u>Amount</u></b>
Net Income (Loss) per P 19, Line 43	(458,876)
Travel and Entertainment	1,129
Penalties	10,800
Depreciation	(1,459)
Bad Debts	(56,998)
Rounding	
Taxable Income (Loss) per Federal Tax Return	<b><u>(505,404)</u></b>

**See Accountants' Compilation Report**



Facility Name &amp; ID Number Meadowbrook Manor

# 0037366

Report Period Beginning: 01/01/03

Ending:

12/31/03

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,899	2,185	\$ 90,856	\$ 41.58	1
2	Assistant Director of Nursing	1,114	1,126	34,522	30.66	2
3	Registered Nurses	25,957	27,351	664,426	24.29	3
4	Licensed Practical Nurses	38,834	41,282	915,980	22.19	4
5	Nurse Aides & Orderlies	130,295	137,795	1,594,596	11.57	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,871	11,632	141,261	12.14	8
9	Activity Director					9
10	Activity Assistants	10,933	11,670	100,609	8.62	10
11	Social Service Workers	6,238	6,538	88,154	13.48	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	40,750	42,867	360,277	8.40	15
16	Dishwashers					16
17	Maintenance Workers	8,785	9,527	107,373	11.27	17
18	Housekeepers	30,775	32,494	252,498	7.77	18
19	Laundry	8,472	9,575	64,495	6.74	19
20	Administrator	2,000	2,136	64,084	30.00	20
21	Assistant Administrator	1,048	1,196	36,187	30.26	21
22	Other Administrative	3,289	3,520	156,657	44.50	22
23	Office Manager					23
24	Clerical	20,827	22,615	372,301	16.46	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,631	2,835	30,166	10.64	31
32	Other Health Care(specify)					32
33	Other(specify) See Sch 20A	21,210	23,086	327,854	14.20	33
34	TOTAL (lines 1 - 33)	365,928	389,430	\$ 5,402,296 *	\$ 13.87	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	343	\$ 13,725	L. 1, C. 3	35
36	Medical Director	Monthly	12,040	L. 9, C. 3	36
37	Medical Records Consultant	47	2,214	L. 10, C. 3	37
38	Nurse Consultant	642	33,630	L. 10, C. 3	38
39	Pharmacist Consultant	154	6,160	L. 10, C. 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	56	3,024	L. 11, C. 3	44
45	Social Service Consultant	30	1,573	L. 12, C. 3	45
46	Other(specify)				46
47	Quality Assurance	24	1,440	L. 10, C. 3	47
48					48
49	TOTAL (lines 35 - 48)	1,296	\$ 73,806		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

Butterfield Health Care, Inc.  
D/B/A Meadowbrook Manor  
Provider #00037366  
12/31/2003

Schedule 20A

XVIII. Staffing and Salary Costs  
Line 32-Other

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Day Care	3,692	4,212	38,349	9.10
Rehabilitation Nurse	1,904	2,072	48,085	23.21
Nursing Administration	10,280	10,724	152,279	14.20
Central Supply	2,978	3,310	48,428	14.63
Dialysis	379	381	8,695	22.82
Ward Clerks	1,419	1,793	17,428	9.72
Marketing Director	558	594	14,590	24.56
<b>Total Line 32-Other</b>	<b>21,210</b>	<b>23,086</b>	<b>327,854</b>	<b>14.20</b>

See Accountants' Compilation Report

Facility Name &amp; ID Number Meadowbrook Manor

## XIX. SUPPORT SCHEDULES

A. Administrative Salaries				Ownership		D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount	Description	Amount		
Donna Sprinkle	Director of Operations	0	\$ 52,605	Workers' Compensation Insurance	\$ 178,522	IDPH License Fee	\$ 200				
Russell Terrill	Administrator	0	64,084	Unemployment Compensation Insurance	48,765	Advertising; Employee Recruitment	25,019				
Michael Simmert	Asst. Administrator	0	36,187	FICA Taxes	404,289	Health Care Worker Background Check (Indicate # of checks performed 150 )	1,500				
Robert Jafari	Executive Director	25	71,278	Employee Health Insurance	158,836	Illinois Council on Long Term Care	11,521				
Nicholas Vangel	Executive Director	20	1,518	Employee Meals		Miscellaneous Fees & Permits	1,687				
Christopher Vangel	Operating Supervisor	0	31,256	Illinois Municipal Retirement Fund (IMRF)*		Inspections	2,350				
				Employee Appreciation Meals	5,760	Misc. Dues & Subscriptions	3,413				
				401k Contribution	9,254	Yellow Page Advertising	5,050				
				Training and Education	2,100	Allocation from Management Co.	120				
				Other Employee Benefits	19,380	Less: Public Relations Expense	(				
						Non-allowable advertising	(				
						Yellow page advertising	(5,050)				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 256,928			TOTAL (agree to Sch. V, line 20, col. 8)	\$ 45,810				
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			G. Schedule of Travel and Seminar**				
Description			Amount								
Management Fees (Eliminated in Column 7)			\$ 66,596								
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 66,596								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees							
Vendor/Payee	Type		Amount	Description	Line #	Amount					
			\$			\$					
				N/A							
See Schedule 21A			137,569								
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 137,569	TOTAL		\$					

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

**\*\*See instructions.**

Butterfield Health Care, Inc. d/b/a Meadowbrook Manor  
 Provider # 00037366  
 December 31, 2003

**Schedule 21A**

**XIX. SUPPORT SCHEDULE  
 C. Professional Services**

Vendor/Payee	Type	Amount
Freedman, Anselmo, Lindberg & Rappe	Collections	(280)
Wildman, Harrold Allen & Dixon	Legal	4,149
Schiff, Hardin & Waite	Legal	55,439
Seyfarth Shaw	Legal	5,863
Ariano, Hardy, Nyuli & Johnson	Legal	919
Laner, Muchin, Dombrow	Legal	535
Systematic Management Systems	Billing Consultant	18,266
Altschuler, Melvoin & Glasser LLP	Accountants	20,405
American Express Tax & Business Services	Accountants	2,222
Peterek & Howse LLP	Accountants	2,750
SAS Architects & Planners	Architects	2,712
Richard Peelo & Associates	Billing Consultant	4,500
Personnel Planners, Inc.	Unemployment Consultant	1,785
New England Financial	Employee Benefit Plan Administrator	(1,214)
Morton Cohen	Pharmacy Cost Consultant	1,600
Health Data Systems , Inc	Computer Services	5,769
Health Outcomes Management , Inc	Computer Services	6,216
Ivans	Computer Services	1,917
Precision Repair	Computer Services	1,472
Worldwide Wencel	Website Maintenance	2,060
CDW Computer Center	Computer Services	484
 Total (agree to Schedule V, line 19, column 3)		 137,569
 Non-allowable legal expense		 (24,829)
 J&D Partners, L.P.		
American Express Tax & Business Serv	Accountants	25,455
Howard Richter & Associates	Appraiser	700
Wildman, Harrold Allen & Dixon	Legal	1,328
Harris, Kessler & Goldstein	Legal	368
Non-allowable Legal	Legal	
 Allocation from Management Company:		
Schiff, Hardin & Waite	Legal	881
American Express Tax & Business Serv	Accountants	1,681
New England Financial	401k Administrative Fees	822
Paychex	Payroll Processing	457
 Non-allowable Legal		 (881)
 Total (agree to Schedule V, line 19, column 8)		 <u>143,551</u>

**See Accountants' Compilation Report**

Butterfield Health Care, Inc. d/b/a Meadowbrook Manor  
 Provider # 00037366  
 December 31, 2003

**Schedule 21B**

Month	Description	Amount	Location	Employee	Seminar Title
January-03	Illinois Council on LTC	\$75.00	Naperville	L. Templin	Medicare Coverage 101
January-03	Illinois Council on LTC	\$75.00	Chicago	D. Chew	Medicare Coverage 101
January-03	Illinois Council on LTC	\$75.00	Chicago	R. Terrill	Medicare Coverage 101
January-03	Carreertrack	\$149.00	Lisle	R. Terrill	Criticism and Discipline for Managers
January-03	Carreertrack	\$149.00	Chicago	M. Simmert	Criticism and Discipline for Managers
March-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Terrill	Creative Strategies for Increasing your Census
March-03	Illinois Council on LTC	\$75.00	Lincolnwood	M. Nowlan	Creative Strategies for Increasing your Census
March-03	Illinois Council on LTC	\$75.00	Oak Lawn	S. Besler	Creative Strategies for Increasing your Census
March-03	Linda Roberts	\$65.00	Chicago	C. Ajayi	Dietary Seminar
March-03	Illinois Council on LTC	\$75.00	Lincolnwood	C. Vangel	Creative Strategies for Increasing your Census
January-03	Achieve Accreditation	\$515.75	Chicago	D. Sprinkle	JCAHO seminar
April-03	Illinois Council on LTC	\$75.00	Lincolnwood	D. Sprinkle	The Ins and Outs of Infection Control
April-03	Illinois Council on LTC	\$75.00	Oak Lawn	M. Simmert	The Ins and Outs of Infection Control
May-03	Joint Commission Resources	\$195.00	Oak Brook Terrac	D. Sprinkle	JCAHO seminar
May-03	NIA-WOCN	\$45.00	Chicago	I. Perez	Wound Care
May-03	Illinois Council on LTC	\$75.00	Lincolnwood	M. Palmares	The MDS Difference
May-03	Illinois Council on LTC	\$75.00	Oak Lawn	D. Sprinkle	The MDS Difference
May-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Terrill	The MDS Difference
June-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Terrill	Accident Investigation and Analysis
June-03	Illinois Council on LTC	\$75.00	Lincolnwood	M. Simmert	Accident Investigation and Analysis
June-03	Illinois Council on LTC	\$75.00	Lincolnwood	R. Tolentino	Accident Investigation and Analysis
June-03	Illinois Council on LTC	\$75.00	Lincolnwood	C. Vangel	Accident Investigation and Analysis
Total - allowable travel & semina		\$2,318.75			
<b><u>Allocation from Management Co.</u></b>					
February-03	Practice Builders (Robert Jafari)	\$542.00	Chicago	R. Jafari	
May-03	Illinois CPA Foundation	\$174.00	Oak Brook	L. Templin	
May-03	Cross Country University	\$150.00	Oak Lawn	T. Sema/D. Chew	
May-03	Adminastar Federal	\$54.00	Rosemont	.. Templin/D. Chew	
November-03	Lombard Mennonite Peace Cent	\$1,496.00	Lisle	All Dept. Heads	
Total Allocated from Management Company		\$2,416.00	<b>See Accountants' Compilation Report</b>		
Total Travel & Seminar		\$4,734.75			

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	
2	Painting & Decorating	07/00	8,737	3 Yrs	1,456	2,912	2,912	1,457					
3	Painting & Decorating	06/01	11,754	3 Yrs		1,959	3,918	3,918	1,959				
4	Wallcoverings	02/02	16,248	3 Yrs			2,708	5,416	5,416	2,708			
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 36,739		\$ 1,456	\$ 4,871	\$ 9,538	\$ 10,791	\$ 7,375	\$ 2,708	\$	\$	

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Meadowbrook Manor

STATE OF ILLINOIS

# 0037366

Report Period Beginning:

01/01/03

Ending:

Page 23

12/31/03

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long Term Care \$11,521
- (3) Did the nursing home make political contributions or payments to a political organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 94,316 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 163,155  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions  
**See Schedule 23A**
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ None Has any meal income been offset against related costs? Yes Indicate the amount. \$ 3,245
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0%  
d. Have vehicle usage logs been maintained? Adequate records have been maintained.  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.

Butterfield Health Care, Inc.  
 D/B/A Meadowbrook Manor  
 Provider #00037366  
 12/31/2003

**Schedule 23A**

Description	Amount	Line	Basis for Allocation
Day Care Wages	38,349	43	Actual
FICA Expense	2,681	22	Payroll
Federal U/C Tax	111	22	Payroll
State U/C Tax	217	22	Payroll
Food	791	2	[Total Food Costs/(3*Census)]*Daycare Cens
Gas	821	5	Sq Ftg
Electricity	1,194	5	Sq Ftg
<b>Total</b>	<u>44,164</u>		

**See Accountants' Compilation Report**



SUS

**Butterfield Health Care, Inc. d/b/a Meadowbrook Manor**  
**Provider # 00037366**  
**December 31, 2003**

**Page 3, Line 25, Column 3**  
**Other Administrative Staff Transportation**

Parking and Mileage Reimbursement	1,192
Repairs to Vehicles	<u>2,233</u>

Total Other Admin. Staff Transportation-Bolingbrook	3,425
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Allocation from Management Co.

Parking and Mileage Reimbursement	930
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<b>Total Other Administrative Staff Transportation</b>	<b><u><u>4,355</u></u></b>
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**See Accountants' Compilation Report**

## RECONCILIATION REPORT

Meadowbrook Manor

12:35 PM 11/04/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-2,021,269	equal to	-2,021,269	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	1,069,327	equal to	1,069,327	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	251,476	equal to	251,476	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	444,989	equal to	444,989	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	259	equal to	259	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	5,635	equal to	5,635	0	O.K.	Pg14 J30+N40	B. + C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv. - Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	516,511	equal to	526,141	-9,630	FAILED	Pg16 Z12+Z14...	N/A/B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv. - Supplies	335,739	equal to	335,739	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,747,342	equal to	1,747,342	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	5,030,652	equal to	5,030,652	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	2,092,687	equal to	2,092,687	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	3,644,105	equal to	3,644,105	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	660,263	equal to	660,263	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+†	N/A	38to41+43	4
Income Stat. Prov. Partic.	163,155	equal to	163,155	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	3,330,546	equal to	3,746,722	-416,176	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	100,609	equal to	100,609	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	88,154	equal to	88,154	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	360,277	equal to	360,277	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	107,373	equal to	107,373	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	252,498	equal to	252,498	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	64,495	equal to	64,495	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	256,928	equal to	256,928	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	372,301	equal to	372,301	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	5,402,296	equal to	5,402,296	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	13,725	< or = to	13,725	0	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	12,040	< or = to	12,040	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	42,004	< or = to	43,444	-1,440	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	3,024	< or = to	3,024	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,573	< or = to	1,573	0	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	256,928	equal to	256,928	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	66,596	equal to	66,596	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	137,569	equal to	137,569	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	826,906	equal to	826,906	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	45,810	equal to	45,810	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	4,735	equal to	4,735	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	163,155	equal to	163,155	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	None	< or = to	58,475	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	None	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	7,630	equal to	8,628	-998	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	2,271,161	equal to	4,542,322	-2,271,161	FAILED	Pg5 Z18	B.	34	1	Pg6 to Pg 6l Y4†	B.	14	8
Total loan balance	25,700,586	equal to	25,700,586	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	273,000	equal to	273,000	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	692,061	equal to	692,061	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	11,378,396	equal to	11,378,396	0	O.K.	Pg12 to 12l L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	2,379,452	equal to	2,379,452	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	5,091,633	equal to	5,091,633	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	-1,435,202	equal to	-1,435,202	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-458,876	equal to	-458,876	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	10,083	equal to	10,083	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	4,820,043	equal to	4,820,043	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Enter Cost Center Expenses	YOU HAVE CHANGED THE SUPPORT CALC. THAT IS DOWN TO THE COST CENTER			12:46:42 PM
HIGH NUMBER	Amount	Rate	Amount	
Cost report period	From	To	12/20/2014	Rate Number
Enter max. # of days (only enter a 1 for a 1st & 2nd day)	12/27/2014		06/27 Pct. of occupancy	75
Check Public Aid Support/Ref	0			
Cost Services/Agency/Stage	784,640.00 Cur 1, Low 9 - (Auto Adj)			
Cost Admin./Agency/Stage	636,220.00 Cur 1, Low 20 - (Auto Adj)			
Total Agency Stage	1,420,860.00 Cur 1, Low 19 - (Auto Adj)			
Employee Benefits	806,880.00 Cur 8, Low 20 - (Auto Adj)			
Total General Services	1,757,880.00 Cur 8, Low 19 - (Auto Adj)			
Total General Admin	2,110,860.00 Cur 8, Low 20 - (Auto Adj)			

[illegible]

Euros in Millions			
Year	Revenue	Expenses	Operating Profit
2002	1,111.82	1,042.21	69.61
2003	1,113.78	1,028.8	104.98
2004	1,071	1,021	50
2005	1,047	1,027	20
2006	1,047	1,027	20
2007	1,076	1,049	127
2008	1,067	1,049	118
2009	1,066	1,049	117
2010	1,067	1,049	118
2011	1,060	1,049	111
2012	1,067	1,049	118
2013	1,067	1,049	118
2014	1,067	1,049	118
2015	1,067	1,049	118
2016	1,067	1,049	118
2017	1,067	1,049	118
2018	1,067	1,049	118
2019	1,067	1,049	118
2020	1,067	1,049	118
2021	1,067	1,049	118
2022	1,067	1,049	118
2023	1,067	1,049	118
2024	1,067	1,049	118
2025	1,067	1,049	118
2026	1,067	1,049	118
2027	1,067	1,049	118
2028	1,067	1,049	118
2029	1,067	1,049	118
2030	1,067	1,049	118
2031	1,067	1,049	118
2032	1,067	1,049	118
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2034	1,067	1,049	118
2035	1,067	1,049	118
2036	1,067	1,049	118
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2038	1,067	1,049	118
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2040	1,067	1,049	118
2041	1,067	1,049	118
2042	1,067	1,049	118
2043	1,067	1,049	118
2044	1,067	1,049	118
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2093	1,067	1,049	118
2094	1,067	1,049	118
2095	1,067	1,049	118
2096	1,067	1,049	118
2097	1,067	1,049	118
2098	1,067	1,049	118
2099	1,067	1,049	118
2100	1,067	1,049	118

Value	Percentage
1	37.33
2	34.38
3	37.33
4	30.69
5	43.80
6	43.80
7	38.02
8	40.38
9	38.02
10	38.02
11	38.02

Series	7500		10000	
	Value	Percentage	Value	Percentage
2	103.30	26.67	101.77	25.44
3	102.76	26.64	101.77	25.44
4	103.30	26.67	101.77	25.44
5	103.46	23.76	101.77	25.44
6	103.46	31.64	101.77	25.44
7	103.46	31.64	101.77	25.44
8	103.46	31.64	101.77	25.44
9	103.46	29.32	101.77	25.44
10	103.46	27.19	101.77	25.44
11	103.46	26.62	101.77	25.44

	700m	300m	800m
	Percentage	Percentage	Percentage
00-99	47.19		
10-30	26.67		
30-70	26.66		
10-30	26.67		
30-40	23.75		
40-60	31.66		
60-80	31.66		
80-100	31.66		
100-120	28.33		
120-140	27.19		
140-170	26.62		



Page

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23 Provider Participation fee is linked from page 4